		Filing Fee \$35.00	)	
	STATE OF MAINE			
	MENT OF ABANDONMEN GER OR SHARE EXCHAN			
			Deputy Secretary of State	
		A T	rue Copy When Attested By Signature	
(Name of par	rty to the merger or share exchange filing this d	locument)	Deputy Secretary of State	
FIRST:	The merger or share exchange has been abandoned in accordance with this section after articles of merger or share exchange have been filed with the Secretary of State but before the merger or share exchange has become effective.  The names, type of entity and jurisdiction of the parties involved in the merger or share exchange are:			
SECOND:	The names, type of entity and juris  Name	Ediction of the parties involved in the Type of Entity	ne merger or share exchange are:  Jurisdiction	
THIRD:	This statement takes effect upon become effective.	filing, and the merger or share	exchange is considered abandoned and does no	
DATED		*Bv		
		(signatui	re of an officer or other duly authorized representative)	
			(type or print name and capacity)	

Please remit your payment made payable to the Maine Secretary of State.

<sup>\*</sup>This document MUST be signed by an officer or other duly authorized representative who is a party to the merger or share exchange. (§1108.2)

## **Filer Contact Cover Letter**

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752	
Name of Entity (s):		
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Me of Correction, etc.) Attach additional pages as needed.	rger, Articles of Amendment, Certif	
Special handling request(s): (check all that apply)  Hold for pick up Expedited filing - 24 hour service (\$50 additional fili		
Expedited filing - Immediate service (\$100 additional Total filing fee(s) enclosed: \$  Contact Information – questions regarding the above filing(s), p contact name and telephone number or email address will result in the return of the erroned	olease call or email: (failure to pr	
(Name of contact person)	Daytime telephone number)	
(Email address)		
The enclosed filing(s) and fee(s) are submitted for filing. Please return the address:	attested copy to the following	
(Name of attested recipient)		
(Firm or Company)		
(Mailing Address)		
(City, State & Zip)		